

**KINGS COUNTY SUPREME COURT  
HELP CENTER – ROOM 122C  
360 ADAMS STREET  
BROOKLYN, NY 11201**

This summary will **BRIEFLY** describe how to file a motion. It is not intended to be a substitute for legal research or representation. **ANYONE INTERESTED IN BEGINNING A LAWSUIT IS STRONGLY ENCOURAGED TO SEEK LEGAL COUNSEL. THE HELP CENTER CANNOT PROVIDE YOU WITH LEGAL ADVICE OR COMPLETE FORMS ON YOUR BEHALF.**

**HOW TO FILE A MOTION**

**Motion Filing Instructions**

1. Prepare the **Notice of Motion** (see **Exhibit A**) and **Affidavit in Support** (see **Exhibit B**). Be sure to include a calendar date; chosen in accordance with CPLR notice requirements. Have the Affidavit in Support notarized. Attach and label all relevant exhibits.
2. Obtain a **Request for Judicial Intervention (RJI)** form (see **Exhibit C**), complete both sides, and submit to the County Clerk (Room 189) with the required fee (\$95). The full caption of the case should be state on the RJI of an attached rider. If your case has been previously assigned to a Judge, you do not have to purchase an RJI, and you may proceed to Step 3.
3. Have your papers, including a copy of the RJI form showing the County Clerk stamp, served on all necessary parties by a non-party over the age of 18. Ask that person to complete, sign and have the affidavit of service notarized.
4. Bring your original papers to Room 227 (Motion Support), with your **Affidavit of Service** (see **Exhibit D**), within 5 days of service. Once your papers are approved, you will need to pay a \$45 fee at the County Clerk, then return the papers to Room 227 in order to have the motion placed on the calendar.
5. Your motion may be calendared for the date you selected or assigned a later date. You can check your court date by calling Motion Support (347-296-1694) with your index number, or on the court website ([www.nycourts.gov](http://www.nycourts.gov), then click on ECourts). You will NOT be notified by the court of any change in dates. It is your responsibility to confirm the date has not been changed. Be sure to be in the assigned courtroom at 9:30AM on the correct court date.

# EXHIBIT A

**Instructions: Fill in the names of the parties and the Index Number. Complete the blank spaces next to the instructions printed in BOLD type. PRINT AND USE BLACK INK ONLY. SIGN YOUR NAME BEFORE A NOTARY PUBLIC.**

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF KINGS

-----X

\_\_\_\_\_  
**FILL IN NAME(S)] Plaintiff(s)**

Index No. \_\_\_\_/\_\_\_\_

-against-

**NOTICE OF MOTION**

\_\_\_\_\_  
**[FILL IN NAME(S)] Defendant(s)**

-----X

PLEASE TAKE NOTICE that upon the attached affidavit(s) of \_\_\_\_\_

\_\_\_\_\_ **[YOUR NAME(S)]**, sworn

to on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, **[DATE THE  
AFFIDAVIT WAS SWORN TO BEFORE A NOTARY PUBLIC]**, and the exhibits  
attached thereto, and upon all the proceedings in this case to date/ the plaintiff(s)/  
defendant(s) \_\_\_\_\_

**[IDENTIFY THE PARTY MAKING MOTION]** will move in this Court, at an IAS Part  
\_\_\_\_\_ before the Honorable \_\_\_\_\_,  
for an order, pursuant to Civil Practice Law and Rules (CPLR) \_\_\_\_\_ **[INSERT  
SECTION THAT APPLIES]** at 9:30 A.M. on the \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_, at the Courthouse, 360 Adams Street, Brooklyn, N.Y., granting the  
following to the movant(s): **[DESCRIBE THE RELIEF BEING SOUGHT]**

\_\_\_\_\_

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and granting such other and further relief as this Court may deem just and proper.

PLEASE TAKE FURTHER NOTICE, that pursuant to Civil Practice Law and Rules 2214 (b), you are hereby required to serve copies of your answering affidavits on the undersigned \_\_\_\_\_ days prior to the date set above for the submission of this motion.

Dated: \_\_\_\_\_, New York  
\_\_\_\_\_, 20\_\_\_\_\_

Respectfully Submitted,

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**[PRINT YOUR NAME, ADDRESS and  
TELEPHONE NUMBER]**

To: Attorney for Plaintiff(s)/Defendant(s) **[CIRCLE ONE]**

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**[PRINT NAME, ADDRESS TELEPHONE NUMBER]**

# **EXHIBIT B**

**INSTRUCTIONS: FILL IN THE NAMES OF THE PARTIES AND THE INDEX NUMBER. COMPLETE THE BLANK SPACES NEXT TO THE INSTRUCTIONS PRINTED IN BOLD TYPE, CROSS OUT INFORMATION IN ITALICS WHICH DOES NOT APPLY. PRINT AND USE BLACK INK ONLY.**

SUPREME COURT OF THE STATE OF NEW YORK

COUNTY OF KINGS

-----X

\_\_\_\_\_  
**Plaintiff(s) / Petitioner(s)**

Index Number \_\_\_\_\_/\_\_\_\_\_

- against -

**AFFIDAVIT IN SUPPORT**

\_\_\_\_\_  
**Defendant(s)/ Respondents)**

-----X

STATE OF NEW YORK

COUNTY OF \_\_\_\_\_ (where notarized)

\_\_\_\_\_  
[YOUR NAME], being duly sworn,  
deposes and says:

1. I am the **plaintiff / petitioner / defendant / respondent [CIRCLE ONE]** in this **action / proceeding [CIRCLE ONE]**. I make this affidavit in support of my motion for an order  
**[DESCRIBE WHAT YOU ARE ASKING THE COURT TO GRANT.]** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. I believe the Court should grant my motion because **[EXPLAIN THE REASONS FOR YOUR REQUEST. USE ADDITIONAL PAPER IF NECESSARY.]** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. [IF YOU ARE MOVING BY ORDER TO SHOW CAUSE, FILL IN THIS PARAGRAPH. LIST ALL PRIOR REQUESTS FOR THIS RELIEF MADE TO ANY COURT AND THE RESULTS OF THOSE APPLICATIONS. IF NO PRIOR REQUESTS HAVE BEEN MADE, STATE "NONE".]**

No prior application has been made for the relief sought herein except \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHEREFORE, I respectfully request that this motion be granted, and that I have such other and further relief as may be just and proper.

\_\_\_\_\_  
[SIGN BEFORE A NOTARY PUBLIC]

\_\_\_\_\_  
[PRINT YOUR NAME]

Sworn to before me on the

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF KINGS

-----X

INDEX NO. \_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_  
Plaintiff/Petitioner

– against –

**Part 130 Certification/  
Legal Back**

\_\_\_\_\_  
Defendant/Respondent

-----X

To the best of my knowledge, information, and belief, formed after an inquiry reasonable under the circumstances, the presentation of these papers or the contentions therein are not frivolous as defined in subsection (c) of section 130-1.1 of the Rules of the Chief Administrator (22NYCRR).

\_\_\_\_\_  
**[SIGN YOUR NAME]**

\_\_\_\_\_  
**[PRINT NAME]**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**[ADDRESS AND TELEPHONE NUMBER]**



# **EXHIBIT C**



## REQUEST FOR JUDICIAL INTERVENTION

UCS-840  
(rev. 07/29/2019)

\_\_\_\_ COURT, COUNTY OF \_\_\_\_\_

Index No: \_\_\_\_\_ Date Index Issued: \_\_\_\_\_

For Court Use Only:

**CAPTION** Enter the complete case caption. Do not use et al or et ano. If more space is needed, attach a caption rider sheet.

IAS Entry Date

-against-

Plaintiff(s)/Petitioner(s)

Judge Assigned

RJI Filed Date

Defendant(s)/Respondent(s)

**NATURE OF ACTION OR PROCEEDING** Check only one box and specify where indicated.

### COMMERCIAL

- ☐ Business Entity (includes corporations, partnerships, LLCs, LLPs, etc.)  
☐ Contract  
☐ Insurance (where insurance company is a party, except arbitration)  
☐ UCC (includes sales and negotiable instruments)  
☐ Other Commercial (specify): \_\_\_\_\_

*NOTE: For Commercial Division assignment requests pursuant to 22 NYCRR 262.70(d), complete and attach the COMMERCIAL DIVISION RJI ADDENDUM (UCS-840C).*

**REAL PROPERTY** Specify how many properties the application includes: \_\_\_\_\_

- ☐ Condemnation  
☐ Mortgage Foreclosure (specify): ☐ Residential ☐ Commercial  
Property Address: \_\_\_\_\_  
*NOTE: For Mortgage Foreclosure actions involving a one to four-family, owner-occupied residential property or owner-occupied condominium, complete and attach the FORECLOSURE RJI ADDENDUM (UCS-840F).*

- ☐ Tax Certiorari  
☐ Tax Foreclosure  
☐ Other Real Property (specify): \_\_\_\_\_

### OTHER MATTERS

- ☐ Certificate of Incorporation/Dissolution [see *NOTE* in COMMERCIAL section]  
☐ Emergency Medical Treatment  
☐ Habeas Corpus  
☐ Local Court Appeal  
☐ Mechanic's Lien  
☐ Name Change  
☐ Pistol Permit Revocation Hearing  
☐ Sale or Finance of Religious/Not-for-Profit Property  
☐ Other (specify): \_\_\_\_\_

### MATRIMONIAL

- ☐ Contested  
*NOTE: If there are children under the age of 18, complete and attach the MATRIMONIAL RJI ADDENDUM (UCS-840M).  
For Uncontested Matrimonial actions, use the Uncontested Divorce RJI (UD-13).*

### TORTS

- ☐ Asbestos  
☐ Child Victims Act  
☐ Environmental (specify): \_\_\_\_\_  
☐ Medical, Dental or Podiatric Malpractice  
☐ Motor Vehicle  
☐ Products Liability (specify): \_\_\_\_\_  
☐ Other Negligence (specify): \_\_\_\_\_  
☐ Other Professional Malpractice (specify): \_\_\_\_\_  
☐ Other Tort (specify): \_\_\_\_\_

### SPECIAL PROCEEDINGS

- ☐ CPLR Article 75 (Arbitration) [see *NOTE* in COMMERCIAL section]  
☐ CPLR Article 78 (Body or Officer)  
☐ Election Law  
☐ Extreme Risk Protection Order  
☐ MHL Article 9.60 (Kendra's Law)  
☐ MHL Article 10 (Sex Offender Confinement-Initial)  
☐ MHL Article 10 (Sex Offender Confinement-Review)  
☐ MHL Article 81 (Guardianship)  
☐ Other Mental Hygiene (specify): \_\_\_\_\_  
☐ Other Special Proceeding (specify): \_\_\_\_\_

**STATUS OF ACTION OR PROCEEDING** Answer YES or NO for every question and enter additional information where indicated.

- |                                                                 | YES                      | NO                                                             |
|-----------------------------------------------------------------|--------------------------|----------------------------------------------------------------|
| Has a summons and complaint or summons with notice been filed?  | <input type="checkbox"/> | <input type="checkbox"/> If yes, date filed: ____/____/____    |
| Has a summons and complaint or summons with notice been served? | <input type="checkbox"/> | <input type="checkbox"/> If yes, date served: ____/____/____   |
| Is this action/proceeding being filed post-judgment?            | <input type="checkbox"/> | <input type="checkbox"/> If yes, judgment date: ____/____/____ |

**NATURE OF JUDICIAL INTERVENTION** Check one box only and enter additional information where indicated.

- ☐ Infant's Compromise  
☐ Extreme Risk Protection Order Application  
☐ Note of Issue/Certificate of Readiness  
☐ Notice of Medical, Dental or Podiatric Malpractice Date Issue Joined: \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Notice of Motion Relief Requested: \_\_\_\_\_ Return Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Notice of Petition Relief Requested: \_\_\_\_\_ Return Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Order to Show Cause Relief Requested: \_\_\_\_\_ Return Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Other Ex Parte Application Relief Requested: \_\_\_\_\_  
☐ Poor Person Application  
☐ Request for Preliminary Conference  
☐ Residential Mortgage Foreclosure Settlement Conference  
☐ Writ of Habeas Corpus  
☐ Other (specify): \_\_\_\_\_

**RELATED CASES** List any related actions. For Matrimonial cases, list any related criminal or Family Court cases. If none, leave blank.  
If additional space is required, complete and attach the RJI ADDENDUM (UCS-840A).

Case Title	Index/Case Number	Court	Judge (if assigned)	Relationship to instant case

**PARTIES** For parties without an attorney, check the "Un-Rep" box and enter the party's address, phone number and email in the space provided.  
If additional space is required, complete and attach the RJI ADDENDUM (UCS-840A).

Un-Rep	Parties List parties in same order as listed in the caption and indicate roles (e.g., plaintiff, defendant, 3 <sup>rd</sup> party plaintiff, etc.)	Attorneys and Unrepresented Litigants For represented parties, provide attorney's name, firm name, address, phone and email. For unrepresented parties, provide party's address, phone and email.	Issue Joined For each defendant, indicate if issue has been joined.	Insurance Carriers For each defendant, indicate insurance carrier, if applicable.
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	

**I AFFIRM UNDER THE PENALTY OF PERJURY THAT, UPON INFORMATION AND BELIEF, THERE ARE NO OTHER RELATED ACTIONS OR PROCEEDINGS, EXCEPT AS NOTED ABOVE, NOR HAS A REQUEST FOR JUDICIAL INTERVENTION BEEN PREVIOUSLY FILED IN THIS ACTION OR PROCEEDING.**

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature

Attorney Registration Number

Print Name

# EXHIBIT D

**AFFIDAVIT OF SERVICE**  
*After Commencement of Litigation*

Index No. \_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_ vs. \_\_\_\_\_

STATE OF NEW YORK, COUNTY OF KINGS ss:

\_\_\_\_\_ being sworn says, I am not a party to the action, am over 18  
years of age, and reside at \_\_\_\_\_

On \_\_\_\_\_, 20 \_\_\_\_\_, I served a true copy of the following papers, \_\_\_\_\_

which are attached to this affidavit, in the following manner:

**[CHECK ONE]**

☐ **PERSONAL SERVICE**

By personally delivering the papers to: \_\_\_\_\_  
[Person Served]

at \_\_\_\_\_  
[Address]

The individual I served had the following: **[CHECK]**

☐ MALE    ☐ FEMALE    SKIN COLOR: \_\_\_\_\_    HAIR COLOR: \_\_\_\_\_

☐ 21-34 yrs.    ☐ 35-50 yrs.    ☐ 51-61 yrs.    ☐ over 61 yrs.

☐ 120-150 lbs.    ☐ 151-181 lbs.    ☐ Over 182 lbs. Approximate Height: \_\_\_\_\_

Other Distinguishing Features: \_\_\_\_\_

☐ **MAIL**

By mailing the same in a sealed envelope with postage prepaid thereon, in a post office or official depository of the US.  
Postal Service within the State of New York addressed to the last known address of the addressee(s) as indicated below:

☐ **OVERNIGHT DELIVER SERVICE**

By depositing the same with an overnight delivery service in a wrapper properly addressed. Said delivery was made prior  
to the latest time designated by the overnight delivery service for overnight delivery. The delivery service used was

\_\_\_\_\_  
Name and Address of Person(s) served:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sworn to before me on the

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
**[SIGN BEFORE A NOTARY PUBLIC]**

\_\_\_\_\_  
**[PRINT YOUR NAME]**